

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Linda

First name

A

Middle name

Pinkus

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0889

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**9056A Niles Center Rd
Skokie, IL 60076**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No. Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number, Street, City, State & Zip Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 Linda A Pinkus

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.		
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).		
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
/s/ Linda A Pinkus Linda A Pinkus Signature of Debtor 1		Signature of Debtor 2	
Executed on	<u>December 5, 2017</u> MM / DD / YYYY	Executed on	MM / DD / YYYY

Debtor 1 Linda A Pinkus

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ David H. Cutler

Signature of Attorney for Debtor

Date

December 5, 2017

MM / DD / YYYY

David H. Cutler

Printed name

Cutler and Associates, Ltd.

Firm name

**4131 Main St
Skokie, IL 60076**

Number, Street, City, State & ZIP Code

Contact phone

847-673-8600

Email address

cutlerfilings@gmail.com

Bar number & State

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 27,060.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 27,060.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 29,822.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 29,822.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 2,000.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 2,000.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 218,562.00
		Your total liabilities \$ 250,384.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 1,538.17
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 1,538.17

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Linda A Pinkus

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>1,552.00</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>2,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>159,720.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>161,720.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make:	VW
Model:	EOS
Year:	2010
Approximate mileage:	69000
Other information: Valued via Carmax Report on 9/2017	

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$6,100.00

\$6,100.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$6,100.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Debtor 1 Linda A Pinkus

 Yes. Describe.....

Various used household furnishings and personal items at liquidated values, including: 1 bed, 1 couch, 1 coffee table, 1 kitchen table and chairs, 1 book shelf, 2 lamps, 1 dresser.

\$1,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

Various small used electronics at liquidated values including: 1 cell phone, 1 laptop, 1 TV, 1 Ipad.

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

1 Used Road Bike

\$500.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Various used clothes

\$125.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Small costume pieces at liquidated values

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Debtor 1 Linda A Pinkus

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,175.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash** **\$50.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1.	Checking xxxxxx3608	NFCU	\$0.00
17.2.	Savings xxxxxx00009	NFCU	\$0.00
17.3.	Checking xxxxxx3658	Chase	\$5.00
17.4.	Checking xxxxxxxx3273	Chase	\$100.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

Chiropractic Arts Center of Morton Grove PC.
Debtor is sole shareholder. The corporation has the following equipment (see attached List) and Chase has a line of credit lien of 23,998 against the assets of the business. A YTD balance sheet and P&L are attached hereto. There are roughly 10,000 of outstanding accounts receivable and 7,840 worth of equipment.

100% % \$17,840.00**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Debtor 1

Linda A Pinkus

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

Security Deposit**Landlord****\$790.00****23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No

Debtor 1 **Linda A Pinkus** Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$18,785.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1

Linda A Pinkus

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$6,100.00	
57. Part 3: Total personal and household items, line 15	\$2,175.00	
58. Part 4: Total financial assets, line 36	\$18,785.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$27,060.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$27,060.00

Chiropractic Equipment

Omni Stationary Chiropractic Table (we purchased it used in 1998 for \$2500)

19 + yrs old

Used Omni Stationary Chiropractic Table
\$3,995.00

\$4,499.00 (What the same table, new costs)

LSI Model 410 Ultrasound Unit (original price \$500?) **17.5 years old**

according to ebay in the last 30 days this model sold for between \$250.00 - 500.00

LSI System IV Interferential (original price \$1,200) On line selling between \$1095 - \$1500 **17.5 years old**

Outstanding Account

(For All Facility)

Posted Date: 08/10/17 thru 11/10/17

Page Page 1 of 2

Date: 11/10/2017

Time: 2:43 pm

Patient Name	Posted Date	Payer	Primary Due	Secondary Due	Tertiary Due	Patient Due
Bounas, Winifred M	09/15/2017	Medicare	\$0.02	\$0.00	\$0.00	\$0.00
Dastagir, Ghulam H	09/07/2017	NOT COLLECTABLE	\$0.00	\$0.00	\$0.00	\$155.00
Dastagir, Ghulam H	10/23/2017		\$0.00	\$0.00	\$0.00	\$440.00
Epstein, Sheila	11/06/2017	Blue Cross Blue Shield Of Illinois	\$365.00	\$0.00	\$0.00	\$0.00
Epstein, Sheila	11/09/2017	Blue Cross Blue Shield Of Illinois	\$565.00	\$0.00	\$0.00	\$0.00
Franklin, Lynne A	09/04/2017		\$0.00	\$0.00	\$0.00	\$617.04
Govedarica, Helen T	09/18/2017		\$0.00	\$0.00	\$0.00	\$195.00
Govedarica, Helen T	09/18/2017	Medicare	\$75.00	\$0.00	\$0.00	\$0.00
Govedarica, Helen T	10/23/2017		\$0.00	\$0.00	\$0.00	\$50.00
Govedarica, Helen T	10/23/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$8.14	\$0.00	\$0.00
Govedarica, Helen T	10/26/2017		\$0.00	\$0.00	\$0.00	\$100.00
Govedarica, Helen T	10/26/2017	Medicare	\$70.02	\$0.00	\$0.00	\$0.00
Howard, Susan F	10/22/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$5.70	\$0.00	\$0.00
Howard, Susan F	10/26/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$60.00	\$0.00	\$0.00
Howard, Susan F	11/03/2017	Medicare	\$70.02	\$0.00	\$0.00	\$0.00
Hutchins, Lillian M	10/22/2017		\$0.00	\$0.00	\$0.00	\$45.00
Hutchins, Lillian M	10/22/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$11.40	\$0.00	\$0.00
Hutchins, Lillian M	10/28/2017		\$0.00	\$0.00	\$0.00	\$100.00
Hutchins, Lillian M	10/28/2017	Medicare	\$70.02	\$0.00	\$0.00	\$0.00
Hutchins, Lillian M	11/09/2017	Medicare	\$70.02	\$0.00	\$0.00	\$0.00
Jernberg, Robert W	10/22/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$8.14	\$0.00	\$0.00
Jones, Phyllis A	09/04/2017	Aetna PROBABLY NOT COLLECTABLE	\$1,370.00	\$0.00	\$0.00	\$0.00
Juliano, Anthony	10/22/2017	COLLECTABLE	\$0.00	\$0.00	\$0.00	\$280.00
Juliano, Anthony	10/22/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$32.56	\$0.00	\$0.00
Kahan, Hollis J	10/22/2017		\$0.00	\$0.00	\$0.00	\$90.00
Kahan, Hollis J	10/22/2017	United of Omaha Life Insurance Company	\$0.00	\$43.19	\$0.00	\$0.00
Kahan, Hollis J	11/01/2017		\$0.00	\$0.00	\$0.00	\$1.24
Kasperek, Gudrun	09/20/2017		\$0.00	\$0.00	\$0.00	\$175.00
Kasperek, Gudrun	10/17/2017		\$0.00	\$0.00	\$0.00	\$92.95
Khalsa, Shiva Singh	10/22/2017		\$0.00	\$0.00	\$0.00	\$65.00
Khalsa, Shiva Singh	10/22/2017	United Health Care	\$0.00	\$24.42	\$0.00	\$0.00
Koress, Ruth	09/12/2017		\$0.00	\$0.00	\$0.00	\$105.00
Matz, Charles A.	10/22/2017	Blue Cross Blue Shield Of Illinois	\$0.00	\$8.14	\$0.00	\$0.00
Meyers, Gerald Y	08/24/2017		\$0.00	\$0.00	\$0.00	\$15.00
Mohil, Olivia B.	09/18/2017		\$0.00	\$0.00	\$0.00	\$115.00

Outstanding Account

(For All Facility)

Posted Date: 08/10/17 thru 11/10/17

Page Page 2 of 2

Date: 11/10/2017

Time: 2:43 pm

Patient Name	Posted Date	Payer	Primary Due	Secondary Due	Tertiary Due	Patient Due
Oetker, Kathy J	09/04/2017	CIGNA Health and Life Insurance Company	\$3,040.00 <i>COLLECTIONS POSSIBLY</i>	\$0.00	\$0.00	\$0.00
Oetker, Donald F	09/04/2017		\$0.00	\$0.00	\$0.00	\$70.00
Oetker, Donald F	09/04/2017	Medicare	\$8.14	\$0.00	\$0.00	\$0.00
O'Shea, Karen P	10/17/2017	Medicare	\$200.06	\$0.00	\$0.00	\$0.00
Schager, Catherine V	09/18/2017		\$0.00	\$0.00	\$0.00	\$58.35
Schuirmann, Nicole M	09/15/2017		\$0.00	\$0.00	\$0.00	\$88.66
Schuirmann, Nicole M	09/20/2017		\$0.00	\$0.00	\$0.00	\$80.71
Senior, Deb	10/23/2017		\$0.00	\$0.00	\$0.00	\$62.08
Vanderbosch, Eydie R	11/04/2017		\$0.00	\$0.00	\$0.00	\$277.08
Vanderbosch, Eydie R	11/06/2017	Blue Cross Blue Shield Of Illinois	\$580.00	\$0.00	\$0.00	\$0.00
Totals:			\$6,483.30	\$201.69	\$0.00	\$3,298.12

10:35 PM

11/05/17

Accrual Basis

Chiropractic Arts Center of Morton Grove

Balance Sheet

As of October 31, 2017

Oct 31, 17

ASSETS

Current Assets	
Checking/Savings	
7523 - Chase Savings	3.17
Chase	479.67
	<hr/>
Total Checking/Savings	482.84
	<hr/>
Total Current Assets	482.84
	<hr/>
Fixed Assets	
Furniture and Equipment	746.71
Medical Equipment	7,440.80
	<hr/>
Total Fixed Assets	8,187.51
	<hr/>
Other Assets	
Security Deposits Asset	1,400.00
	<hr/>
Total Other Assets	1,400.00
	<hr/>
TOTAL ASSETS	10,070.35
	<hr/>

LIABILITIES & EQUITY

Liabilities	
Current Liabilities	
Credit Cards	
1280 - NFCU	21,762.48
1695 - NFCU - Mastercard	19,442.33
3141 - Citibusiness	6,429.29
5674 - NFCU	5,709.70
6829 - Chase Ink	7,879.25
7638 - Citi ThankYou	8,214.25
	<hr/>
Total Credit Cards	69,437.30
	<hr/>
Other Current Liabilities	
8001 - Chase - LOC	24,998.61
Note Payable - Acom Health	587.50
Note Payable - Acom Solutions	-9.00
Note Payable - Ncnic Insurance	2,873.74
Payroll Liabilities	1,358.41
	<hr/>
Total Other Current Liabilities	29,809.26
	<hr/>
Total Current Liabilities	99,246.56
	<hr/>
Total Liabilities	99,246.56
	<hr/>
Equity	
Opening Bal Equity	-69,065.39
Retained Earnings	40,452.24
Shareholder Distributions	
3273 - Checking	-41,311.89
3658 - Checking	-23,596.42
Due to/from Dr. Linda A. Pinkus	-3,228.81
Fidelity Moneyline	-3,500.00
Loan to Company	1,215.00
Money Market Account	-1,692.91
Shareholder Distributions - Other	-21.00
	<hr/>
Total Shareholder Distributions	-72,136.03
	<hr/>
Net Income	11,572.97
	<hr/>
Total Equity	-89,176.21
	<hr/>
TOTAL LIABILITIES & EQUITY	10,070.35
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10:35 PM

11/05/17

Accrual Basis

Chiropractic Arts Center of Morton Grove
Balance Sheet
As of October 31, 2017

Oct 31, 17

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LIABILITIES & EQUITY

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	<hr/>
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	<hr/>
Total Equity	-89,176.21
	<hr/>
TOTAL LIABILITIES & EQUITY	10,070.35
	<hr/>

7:31 PM

05/23/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
January 2017**

	<u>Jan 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	8,268.11
Total Income	8,268.11
Expense	
Advertising and Promotion	15.00
Automobile Expense	75.87
Bank Service Charges	25.00
Charitable Contributions	50.00
Continuing Education	312.56
Electronic Claims Filing	74.00
Insurance Expense	
Malpractice Insurance	238.87
Insurance Expense - Other	190.42
Total Insurance Expense	429.29
Interest Expense	600.75
Meals and Entertainment	47.68
Medical Records and Supplies	
Medical Supplies	121.21
Total Medical Records and Supplies	121.21
Nutritional Supplements	
Supplement	76.70
Nutritional Supplements - Other	739.54
Total Nutritional Supplements	816.24
Office Supplies	22.23
Orthotics	233.00
Outside Services	364.00
Postage and Delivery	77.18
Professional Fees	125.00
Supplies	135.32
Telephone Expense	177.40
Travel Expense	372.78
Website	99.00
Total Expense	4,173.71
Net Ordinary Income	4,094.40
Net Income	4,094.40

7:32 PM

05/23/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
February 2017**

	<u>Feb 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	<u>3,852.24</u>
Total Income	<u>3,852.24</u>
Expense	
Advertising and Promotion	15.00
Automobile Expense	-30.00
Bank Service Charges	25.00
Charitable Contributions	50.00
Continuing Education	283.33
Insurance Expense	
Malpractice Insurance	322.42
Insurance Expense - Other	<u>274.66</u>
Total Insurance Expense	<u>597.08</u>
Interest Expense	485.49
Internet Access	16.95
Meals and Entertainment	15.87
Medical Records and Supplies	
Medical Supplies	<u>51.74</u>
Total Medical Records and Supplies	<u>51.74</u>
Nutritional Supplements	307.50
Orthotics	320.00
Outside Services	502.29
Professional Fees	125.00
Rent Expense	400.00
Supplies	190.53
Telephone Expense	103.00
Travel Expense	<u>29.00</u>
Total Expense	<u>3,487.78</u>
Net Ordinary Income	<u>364.46</u>
Net Income	<u>364.46</u>

7:32 PM

05/23/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
March 2017**

Mar 17

Ordinary Income/Expense	
Income	
Fee for Service Income	5,772.66
Total Income	5,772.66
Expense	
Automobile Expense	
Fuel	123.23
Parking Fees	1.35
Automobile Expense - Other	150.00
Total Automobile Expense	274.58
Bank Service Charges	25.00
Charitable Contributions	65.00
Continuing Education	542.89
Electronic Claims Filing	77.50
Insurance Expense	
Malpractice Insurance	573.07
Insurance Expense - Other	196.63
Total Insurance Expense	769.70
Interest Expense	351.02
Meals and Entertainment	77.15
Medical Records and Supplies	
Medical Supplies	99.11
Total Medical Records and Supplies	99.11
Nutritional Supplements	335.48
Office Supplies	84.55
Orthotics	129.00
Outside Services	15.00
Professional Fees	125.00
Rent Expense	500.00
Repairs and Maintenance	17.25
Supplies	214.19
Telephone Expense	134.46
Utilities	70.30
Website	198.00
Total Expense	4,105.18
Net Ordinary Income	1,667.48
Net Income	1,667.48

8:21 PM

07/11/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
April 2017**

	<u>Apr 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	<u>3,087.90</u>
Total Income	<u>3,087.90</u>
Expense	
Advertising and Promotion	15.00
Automobile Expense	
Fuel	144.62
Parking Fees	28.35
Automobile Expense - Other	<u>20.00</u>
Total Automobile Expense	192.97
Bank Service Charges	25.00
Charitable Contributions	25.00
Continuing Education	70.00
Electronic Claims Filing	69.00
Insurance Expense	
Malpractice Insurance	238.87
Insurance Expense - Other	<u>201.92</u>
Total Insurance Expense	440.79
Interest Expense	404.21
Meals and Entertainment	40.56
Nutritional Supplements	
Supplement	70.20
Nutritional Supplements - Other	<u>184.40</u>
Total Nutritional Supplements	254.60
Office Supplies	116.23
Orthotics	327.00
Professional Fees	125.00
Rent Expense	500.00
Supplies	15.93
Telephone Expense	<u>121.35</u>
Total Expense	<u>2,742.64</u>
Net Ordinary Income	<u>345.26</u>
Net Income	<u>345.26</u>

8:22 PM
07/11/17
Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
May 2017**

		May 17
Ordinary Income/Expense		
Income		
Fee for Service Income		3,861.41
Refunds		-20.00
Total Income		<u>3,841.41</u>
Expense		
Automobile Expense		
Fuel		61.51
Parking Fees		3.55
Automobile Expense - Other		<u>20.00</u>
Total Automobile Expense		<u>85.06</u>
Bank Service Charges		175.00
Continuing Education		10.00
Electronic Claims Filing		155.00
Electronic Health Records		61.00
Insurance Expense		
Malpractice Insurance		238.87
Insurance Expense - Other		<u>201.92</u>
Total Insurance Expense		<u>440.79</u>
Interest Expense		1,312.82
Meals and Entertainment		25.02
Nutritional Supplements		
Supplement		<u>57.45</u>
Total Nutritional Supplements		<u>57.45</u>
Office Supplies		9.99
Orthotics		250.00
Outside Services		43.75
Postage and Delivery		106.06
Professional Fees		375.00
Rent Expense		500.00
Repairs and Maintenance		20.00
Supplies		<u>17.87</u>
Telephone Expense		125.78
Utilities		53.75
Website		<u>99.00</u>
Total Expense		<u>3,923.34</u>
Net Ordinary Income		<u>-81.93</u>
Net Income		<u><u>-81.93</u></u>

10:29 PM

11/05/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
June 2017**

Jun 17

Ordinary Income/Expense	
Income	
Fee for Service Income	<u>5,524.69</u>
Total Income	<u>5,524.69</u>
Expense	
Automobile Expense	
Fuel	56.69
Parking Fees	9.31
Automobile Expense - Other	<u>150.00</u>
Total Automobile Expense	<u>216.00</u>
Bank Service Charges	25.00
Continuing Education	74.00
Electronic Claims Filing	77.50
Insurance Expense	
Malpractice Insurance	417.75
Insurance Expense - Other	<u>286.16</u>
Total Insurance Expense	<u>703.91</u>
Interest Expense	491.29
Meals and Entertainment	21.56
Medical Records and Supplies	
Medical Supplies	<u>152.84</u>
Total Medical Records and Supplies	<u>152.84</u>
Nutritional Supplements	906.30
Office Supplies	9.99
Orthotics	-29.05
Outside Services	90.00
Penalties	40.00
Permits & Licenses	100.00
Postage and Delivery	26.90
Professional Fees	250.00
Rent Expense	764.50
Repairs and Maintenance	79.04
Supplies	8.77
Telephone Expense	122.34
Travel Expense	133.58
Utilities	35.00
Website	<u>198.00</u>
Total Expense	<u>4,497.47</u>
Net Ordinary Income	<u>1,027.22</u>
Other Income/Expense	
Other Expense	
Ask My Accountant	<u>329.83</u>
Total Other Expense	<u>329.83</u>
Net Other Income	<u>-329.83</u>
Net Income	<u>697.39</u>

10:30 PM
11/05/17
Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
July 2017**

	<u>Jul 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	<u>6,297.84</u>
Total Income	<u>6,297.84</u>
Expense	
Automobile Expense	
Fuel	147.44
Parking Fees	35.10
Automobile Expense - Other	<u>170.00</u>
Total Automobile Expense	<u>352.54</u>
Bank Service Charges	26.22
Computer and Internet Expenses	59.99
Continuing Education	35.00
Credit Card Fees	<u>290.01</u>
Electronic Claims Filing	77.50
Insurance Expense	201.92
Interest Expense	478.95
Office Supplies	9.99
Orthotics	405.00
Outside Services	26.73
Permits & Licenses	101.00
Postage and Delivery	26.60
Professional Fees	956.22
Rent Expense	<u>2,164.50</u>
Repairs and Maintenance	10.00
Supplies	<u>261.14</u>
Telephone Expense	122.44
Website	<u>99.00</u>
Total Expense	<u>5,704.75</u>
Net Ordinary Income	<u>593.09</u>
Other Income/Expense	
Other Expense	
Ask My Accountant	<u>1,955.00</u>
Total Other Expense	<u>1,955.00</u>
Net Other Income	<u>-1,955.00</u>
Net Income	<u>-1,361.91</u>

10:30 PM

11/05/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
August 2017**

	<u>Aug 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	10,898.24
Total Income	10,898.24
Expense	
Advertising and Promotion	15.00
Automobile Expense	
Fuel	149.01
Parking Fees	1.10
Total Automobile Expense	150.11
Bank Service Charges	59.00
Computer and Internet Expenses	27.34
Continuing Education	1,581.00
Credit Card Fees	-2.15
Dues and Subscriptions	19.90
Electronic Claims Filing	77.50
Equipment Rental	91.97
Insurance Expense	201.92
Interest Expense	598.80
Internet Access	215.04
Meals and Entertainment	299.99
Medical Records and Supplies	
Medical Supplies	72.67
Total Medical Records and Supplies	72.67
Nutritional Supplements	
Supplement	58.70
Nutritional Supplements - Other	171.25
Total Nutritional Supplements	229.95
Office Buildout	551.33
Office Supplies	263.03
Orthotics	480.00
Outside Services	608.72
Postage and Delivery	35.34
Professional Fees	300.00
Rent Expense	790.00
Supplies	330.97
Telephone Expense	122.44
Travel Expense	87.00
Website	99.00
Total Expense	7,305.87
Net Ordinary Income	3,592.37
Other Income/Expense	
Other Income	
Interest Income	0.07
Total Other Income	0.07
Other Expense	
Ask My Accountant	455.00
Total Other Expense	455.00
Net Other Income	-454.93
Net Income	<u>3,137.44</u>

10:30 PM

11/05/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
September 2017**

	<u>Sep 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	<u>4,699.88</u>
Total Income	<u>4,699.88</u>
Expense	
Automobile Expense	
Fuel	25.86
Automobile Expense - Other	<u>183.00</u>
Total Automobile Expense	<u>208.86</u>
Bank Service Charges	161.00
Continuing Education	576.01
Electronic Claims Filing	77.50
Insurance Expense	282.38
Interest Expense	392.83
Meals and Entertainment	143.93
Nutritional Supplements	149.00
Office Supplies	9.99
Orthotics	287.00
Penalties	20.00
Postage and Delivery	6.65
Professional Fees	125.00
Supplies	110.48
Telephone Expense	125.77
Travel Expense	209.94
Website	<u>99.00</u>
Total Expense	<u>2,985.34</u>
Net Ordinary Income	<u>1,714.54</u>
Other Income/Expense	
Other Income	
Interest Income	<u>0.01</u>
Total Other Income	<u>0.01</u>
Net Other Income	<u>0.01</u>
Net Income	<u>1,714.55</u>

10:32 PM

11/05/17

Accrual Basis

**Chiropractic Arts Center of Morton Grove
Profit & Loss
October 2017**

Oct 17

Ordinary Income/Expense	
Income	
Fee for Service Income	<u>4,708.22</u>
Total Income	<u>4,708.22</u>
Expense	
Automobile Expense	<u>93.70</u>
Fuel	
Total Automobile Expense	<u>93.70</u>
Bank Service Charges	<u>93.00</u>
Credit Card Fees	<u>-123.06</u>
Dues and Subscriptions	<u>281.00</u>
Insurance Expense	<u>198.22</u>
Interest Expense	<u>486.50</u>
Meals and Entertainment	<u>158.01</u>
Medical Records and Supplies	<u>98.03</u>
Medical Supplies	
Total Medical Records and Supplies	<u>98.03</u>
Nutritional Supplements	<u>-98.03</u>
Orthotics	<u>169.00</u>
Penalties	<u>20.00</u>
Postage and Delivery	<u>14.05</u>
Professional Fees	<u>250.00</u>
Rent Expense	<u>1,390.00</u>
Supplies	<u>33.47</u>
Telephone Expense	<u>125.15</u>
Website	<u>99.00</u>
Total Expense	<u>3,288.04</u>
Net Ordinary Income	<u>1,420.18</u>
Other Income/Expense	
Other Expense	<u>39.69</u>
Ask My Accountant	
Total Other Expense	<u>39.69</u>
Net Other Income	<u>-39.69</u>
Net Income	<u>1,380.49</u>

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2010 VW EOS 69000 miles Valued via Carmax Report on 9/2017 Line from <i>Schedule A/B</i>: 3.1	\$6,100.00	<input checked="" type="checkbox"/> \$276.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Various used household furnishings and personal items at liquidated values, including: 1 bed, 1 couch, 1 coffee table, 1 kitchen table and chairs, 1 book shelf, 2 lamps, 1 dresser. Line from <i>Schedule A/B</i>: 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Various small used electronics at liquidated values including: 1 cell phone, 1 laptop, 1 TV, 1 Ipad. Line from <i>Schedule A/B</i>: 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
1 Used Road Bike Line from <i>Schedule A/B</i>: 9.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1 **Linda A Pinkus**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Cash Line from <i>Schedule A/B</i> : 16.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Checking xxxxxx3658: Chase Line from <i>Schedule A/B</i> : 17.3	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Security Deposit: Landlord Line from <i>Schedule A/B</i> : 22.1	\$790.00	<input checked="" type="checkbox"/> \$790.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No
 Yes

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Chase	Chiropractic Arts Center of Morton Grove PC. Debtor is sole shareholder. The corporation has the following equipment (see attached List) and Chase has a line of credit lien of 23,998 against the assets of the business. A YTD balance sheet	\$23,998.00	\$17,840.00	\$6,158.00

Att: Bankruptcy
P.O Box 15298
Wilmington, DE 19850

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.2	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2	Navy Fcu	2010 VW EOS 69000 miles Valued via Carmax Report on 9/2017	\$5,824.00	\$6,100.00	\$0.00

Po Box 3000
Merrifield, VA 22119

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit

Debtor 1 **Linda A Pinkus**

First Name

Middle Name

Last Name

Case number (if known)

Check if this claim relates to a community debt

Other (including a right to offset)

Opened
7/24/13

Last Active

9/18/17

Last 4 digits of account number

4646

Add the dollar value of your entries in Column A on this page. Write that number here:

\$29,822.00

If this is the last page of your form, add the dollar value totals from all pages.

\$29,822.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	Last 4 digits of account number	\$2,000.00	\$2,000.00	\$0.00
Internal Revenue Service Priority Creditor's Name c/o Centralized Insolvency Operatio Post Office Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	When was the debt incurred?			
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	2016			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Linda A Pinkus

4.1

Citicards Cbna

Nonpriority Creditor's Name

**Citicorp Credit Svc/Centralized
Bankrupt
Po Box 790040
Saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7638**\$8,214.00****Opened 06/11 Last Active
10/10/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.2

Navy Fcu

Nonpriority Creditor's Name

**Po Box 3000
Merrifield, VA 22119**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3608**\$150.00****Opened 12/12/08 Last Active
8/16/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Check Credit Or Line Of Credit**

4.3

Navy Federal Cr Union

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1280**\$21,762.00****Opened 02/07 Last Active
8/18/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**

Debtor 1 **Linda A Pinkus**

4.4	Navy Federal Cr Union Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 Number Street City State Zip Code	Last 4 digits of account number 1695	\$19,442.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 09/99 Last Active 9/18/17	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.5	Navy Federal Cr Union Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 Number Street City State Zip Code	Last 4 digits of account number 5674	\$5,709.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 06/11 Last Active 8/16/17	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.6	Nelnet Nonpriority Creditor's Name Nelnet Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code	Last 4 digits of account number 1889	\$109,444.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 07/03 Last Active 9/30/17	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Linda A Pinkus**

4.7	Nelnet Nonpriority Creditor's Name Nelnet Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code	Last 4 digits of account number 1789	\$50,276.00
		Opened 07/03 Last Active 9/30/17	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational			
Orman Chiropractic Nonpriority Creditor's Name 5833 Dempster St Morton Grove, IL 60053 Number Street City State Zip Code			
		Last 4 digits of account number 1789	
		\$3,205.00	
		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Medical Bill			
Vw/cbna Nonpriority Creditor's Name 701 E 60th St N Sioux Falls, SD 57104 Number Street City State Zip Code		Last 4 digits of account number 1071	
		\$360.00	
		Opened 04/16 Last Active 9/20/17	
		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Charge Account			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Linda A Pinkus

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim	
	6a.	\$ <u>0.00</u>
6a. Domestic support obligations	6a.	\$ <u>0.00</u>
6b. Taxes and certain other debts you owe the government	6b.	\$ <u>2,000.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>2,000.00</u>
Total claims from Part 2	Total Claim	
	6f.	\$ <u>159,720.00</u>
6f. Student loans	6f.	\$ <u>159,720.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>58,842.00</u>
6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>218,562.00</u>

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Carl Graf Jr	Personal Guarantee for Business Lease
2.2 Eitan Coresh	Home Lease

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Self Employed	
Employer's name	Chiropractic Arts Center of Morton Grove	
Employer's address		

How long employed there? **17 yrs**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ N/A

Debtor 1 **Linda A Pinkus**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A	
5e. Insurance	5e. \$ 0.00	\$ N/A	
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A	
5g. Union dues	5g. \$ 0.00	\$ N/A	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,538.17	\$ N/A	
8b. Interest and dividends	8b. \$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A	
8e. Social Security	8e. \$ 0.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A	
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A	
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,538.17	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,538.17	+ \$ N/A	= \$ 1,538.17
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,538.17		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.		
	<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 790.00

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>0.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 <u>Linda A Pinkus</u>	Case number (if known) _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>56.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	
8. Childcare and children's education costs	7. \$ <u>300.00</u>
9. Clothing, laundry, and dry cleaning	8. \$ <u>0.00</u>
10. Personal care products and services	9. \$ <u>0.00</u>
11. Medical and dental expenses	10. \$ <u>0.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	11. \$ <u>0.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	12. \$ <u>0.00</u>
14. Charitable contributions and religious donations	13. \$ <u>0.00</u>
15. Insurance.	14. \$ <u>0.00</u>
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>100.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>305.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>1,551.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>1,551.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,551.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>1,538.17</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,551.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-12.83</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

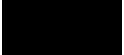
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Linda A Pinkus

Linda A Pinkus
Signature of Debtor 1

Date December 5, 2017

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$56,946.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$7,395.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$12,922.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2015)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$15,661.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
NFCU	Aug to Oct 2017	\$915.00	\$5,800.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Debtor 1 Linda A Pinkus

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Cutler and Associates, Ltd. 4131 Main St Skokie, IL 60076 cutlerfilings@gmail.com	Attorney Fees	Oct 2017	\$255.00

Credit Counseling	Oct 2017	\$14.95
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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 Linda A Pinkus

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Linda A Pinkus

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Chiropractic Arts Center of Morton Grove 6032 Lincoln Morton Grove, IL 60053	Chiropractic Services Settler and Associates Ltd 4060 Lindenwood Ln Northbrook IL 60062	Dates business existed EIN: 36-4382995 From-To 7/2000 to Current

Bookeeper Guadalupe Escanio

Debtor 1 Linda A Pinkus

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Linda A PinkusLinda A Pinkus

Signature of Debtor 1

Signature of Debtor 2

Date December 5, 2017

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

 No Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Linda A Pinkus		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's **Chase**

name:

Description of property securing debt: **Chiropractic Arts Center of Morton Grove PC. Debtor is sole shareholder. The corporation has the following equipment (see attached List) and Chase has a line of credit lien of 23,998 against the assets of the business. A YTD balance sheet**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Creditor's **Navy Fcu**

name:

Description of property securing debt: **2010 VW EOS 69000 miles Valued via Carmax Report on 9/2017**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

Debtor 1 Linda A Pinkus

Case number (if known) _____

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Carl Graf Jr**

No

Yes

Description of leased Property: **Personal Guarantee for Business Lease**

Lessor's name: **Eitan Coresh**

No

Yes

Description of leased Property: **Home Lease**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Linda A Pinkus

Linda A Pinkus

Signature of Debtor 1

X

Signature of Debtor 2

Date

December 5, 2017

Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re Linda A Pinkus

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,505.00</u>
Prior to the filing of this statement I have received	\$ <u>255.00</u>
Balance Due	\$ <u>1,250.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 5, 2017

Date

/s/ David H. Cutler

David H. Cutler

Signature of Attorney

Cutler and Associates, Ltd.

4131 Main St

Skokie, IL 60076

847-673-8600 Fax: 847-673-8636

cutlerfilings@gmail.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re Linda A Pinkus

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 12

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 5, 2017

/s/ Linda A Pinkus

Linda A Pinkus

Signature of Debtor

Chase
Att: Bankruptcy
P.O Box 15298
Wilmington, DE 19850

Citicards Cbna
Citicorp Credit Svc/Centralized Bankrupt
Po Box 790040
Saint Louis, MO 63179

Internal Revenue Service
c/o Centralized Insolvency Operatio
Post Office Box 7346
Philadelphia, PA 19101-7346

Navy Fcu
Po Box 3000
Merrifield, VA 22119

Navy Fcu
Po Box 3000
Merrifield, VA 22119

Navy Federal Cr Union
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Navy Federal Cr Union
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Navy Federal Cr Union
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Nelnet
Nelnet Claims/Bankruptcy
Po Box 82505
Lincoln, NE 68501

Nelnet
Nelnet Claims/Bankruptcy
Po Box 82505
Lincoln, NE 68501

Orman Chiropractic
5833 Dempster St
Morton Grove, IL 60053

Vw/cbna
701 E 60th St N
Sioux Falls, SD 57104